Entered -06-11-01 - sb CL 01L0366 - GWENDOLYN BURNS

CLAIM OF:

BRYAN MIDGETTE 1067 Alta Avenue, NE #14 Atlanta, Georgia 30307

01-<sub>R</sub> -1401

For property damages alleged to have been sustained when a vehicle drove over a concrete obstruction in the roadway on May 24, 2001 at 1896 Piedmont Road.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Control of the Contro

Claim No. 01L0366	Date:August 17, 2001		
Claiment Wistin DDVAN MIDCETTE			
Claimant /Victim BRYAN MIDGETTE BY: (Atty) (Ins. Co.)			
Address: 1067 Alta Avenue, NE, #14, Atlanta, Georgia 30	307		
Subrogation: Claim for Property damage \$ 250.	00 Rodily Injury C		
Date of Notice: 6/6/01 Method: Written	00 Bodily Injury \$n, Proper Improper		
Conforms to Notice: O C G A 836-33-5	Ante I item (6 Mo.) X		
Date of Occurrence 5/24/01 Place:	Ante Litem (6 Mo.) X  1896 Piedmont Road		
Department Division	1070 1.100		
Employee involved	Disciplinary Action:		
NATURE OF CLAIM: Claimant alleges that his vehicle	e sustained property damage when he drove over a concrete		
The state of the s	ate route and is maintained by the State of Georgia and not the		
City of Atlanta. The claimant has been advised of same as	nd his claim has been forwarded to the State Department of		
Transportation for resolution.			
INVESTIGATION:			
	Others Written Oral		
	Dept Report Other X		
	_ Claimant Driver		
Citation disposition: City Driver	Claimant Driver		
DACIC OF DECOMMENDATION.			
BASIS OF RECOMMENDATION:			
Function: Governmental	Ministerial		
Improper Notice More than Six Months	Other X Damages reasonable		
City not involved Y Offer rejected	Compromise settlement		
	Repair/replacement by City Forces		
Claimant Negligent City Negligent	Joint Claim Abandoned		
Claimain regingent City regingent	Cidini / Louidoned		
	Respectfully submitted,		
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	1/		
	$\mathcal{A}$ , $\mathcal{A}$		
	Julilloun John		
	INVESTIGATOR - GWENDOLYN BURNS		
RECOMMENDATION: /			
Pay \$ Adverse X Ac	count charged: 1A012J012H01		
Claims Manager:	Concur/date <b>D3-300</b> ]		
Committee Action:	Council Action		
FORM 23-61			

<b>k</b>		es et e	BULLE
COUNCIL OF THE CITY	OF ATLANTA RECEIVED	RE: CLAI	M FOR DAMAGES 6/11/6/
MUNICIPAL CLERK	JUN 0 6 2001 0	Today's Da	-lade ike
City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335	THE STATE OF THE S		<del>-/-/-</del>
Dear Municipal Clerk:	IVIUNICIPAL CLER ENTERED - 06-11-0	1 - DP	troff (filter cov)
•	01L0366 - GWEN BU tlanta that I have suffered damages in th		50,00 propert
and/or \$N A	bodily injury for which I contend to	he City is liable.	
	)S/24/01 2. Time of Innontit/day/ year)	. 4	Police called: Yes No
4. Location of incident (inch	uding street address): 1896 P	jedmont Rd.	
5 Name of your insurance c	ompany: <u>Progressive la</u>	rsurance Pol	icy No. 25719128-1
6. State what and how incide	ent occurred: Travelling north	h on fiedmont	Rd. and hit
a huge blo	b of a concrete (appro	x. 2 ft. in di	ameter & 10 in high
causing the	front right tire	to deflate	on impact.
The tire must	now be replaced + the	tires balance	d and aligned.
RESULT IN YOUR CLA	D DAMAGES ARE SUBJECT TO IN AIM BEING DENIED AND MAY RE	SULT IN CRIMINAL PRO	DSECUTION!
proof of ownership of you	st make the claim for vehicle damages, r vehicle (copy of the current tag receipt	complete the following and a or title).	extrach two (2) estimates of repair and $AA = AA = AA$
Your vehicle: Volksw. (Make	agen Jeta 2000 (Year) (Ta	ag Number) (I	Oriver's Name)
City vehicle:(Make	(City Driver's Name	e) (Ľ	Department/Bureau)
9. Witness:(Name	e) (Address)		elephone Number)
10. The acknowledgment of State law, nor is it an admi	this claim in no way waives the S ission of liability on behalf of the City of	overeign immunity of the Atlanta and/or its employee	City of Atlanta, as granted by
11. This claim should be mai	led immediately to the address shown	above.	
I HEREBY SWEAR OR A	AFFIRM THAT THE ABOVE	BKYAN (Print Cla	MIDGETTE imant's Name)
Bryan A	vidaette	1067 AHa	Ave NE #14
Signature of Claimant		A 1 /	Address)
		/ Tlomto (City, State	and Zip Code)
		404-664-519 (Work Number)	(Home Number)